

United States District Court

4-19-004

APR 29 2004

Rosalie De Rosa

Click Security

I am filing against Click Security Co for Handicap Discrimination Stalking and Harassing me when I am in South Station The Security sends over to my Table Street People to Harass me They are drunk The manager of the Building he would not tell me his name Security calls the MBTA on me and lies about me I have to tell the truth to MBTA and They understand The Security lets Street People stay all the time they eat sleep and drink all the time they dont pay one cent for anything The sleep all day long If I close my eyes The Manager comes over to me and Bangs on my table

but I see people sleeping and the  
manager never says anything to  
them. I have taken pictures of  
them sleeping I spend money for  
tickets and food And the street  
people pay nothing for food or  
tickets they take off there cloths  
& wash there hair takes wash cloth  
and wash feet and then face  
they drink & smoke Rosalie DeRosa  
in Bathroom & Security knows it PoBox 684  
Westwood Mass

02090

59-1877&1  
ST. JOSEPH HOSPITAL  
MEDICAL RECORDS DEPARTMENT  
360 BROADWAY  
P.O. BOX 403 P 357  
BANGOR, MAINE 04402-0403  
Telephone # 207-262-1377  
Fax # 207-262-1916

DATE SENT: 7-18-02

NAME OF SENDER: Christine

NUMBER OF PAGES (INCLUDING THIS COVER PAGE): 6

PLEASE DELIVER TO:

NAME: Rosalie De Rosa

DEPARTMENT:

FAX #: 781-890-1901

SPECIAL INSTRUCTIONS:

NOTE:

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WE WOULD APPRECIATED A RETURN CALL LETTING US KNOW THAT THIS FACSIMILE HAS BEEN RECEIVED. THANK YOU.

PAGE: 1 RADIOLoGY INFORMATION SYSTEM RARL325  
RUN TIME: 8:40:45 RUN DATE 04/01/2002

ST JOSEPH HOSPITAL  
360 BROADWAY  
BANGOR, MAINE 04401

04/19 P 3:57

DEPARTMENT OF MEDICAL IMAGING

COURT  
CLASS

PATIENT: DE ROSA, ROSALIE ROOM: \*EMR

PO BOX 684 DATE SCHEDULED 03/30/2002  
WESTWOOD, MA 02090 ATTEND PHYS: MICHAEL J LESCORD MD  
PHONE: (000) REF PHYS: \*UNKNOWN  
PRIMARLIABILITY S/P ACCT #: 108118993  
59-18-78 MR# D007/26/1935  
GUAR: DE ROSA, ROSALIE SEQ#: 1  
EXAM: CHEST PA & LATERAL  
RSN FOR EX: RM 14 CXR DUE TO PAIN

#### REPORT FOR RADIOLOGY CONSULTATION

Chest two views 71020

Comparison: None

Technique: PA and lateral chest x-ray.

#### FINDINGS:

Cardiac and mediastinal silhouettes are within normal limits.

The lungs are clear. There are no diffuse or focal infiltrates. Soft tissues and bony structures are unremarkable.

#### IMPRESSION:

Clear chest x-ray.

DOD: 3-31-02 11:32 A.M. #193147 CODE: N

TRANSCRIBED: 4/01/2002 8:00 BY JUNE COMMEAU STAF STATUS: V

READING RADIOLOGIST Benjamin Bamford, M.D. VERIFIED BY: Steven Hintz, M.D.

PAGE: 1 RADIOLoGY INFORMATION SYSTEM RARL325  
RUN TIME: 8:40:45 RUN DATE 04/01/2002

ST JOSEPH HOSPITAL  
360 BROADWAY  
BANGOR, MAINE 04401

04/01/02 P 3:57

DEPARTMENT OF MEDICAL IMAGING

PATIENT: DE ROSA, ROSALIE

ROOM: \*EMR

PO BOX 684  
WESTWOOD, MA 02090  
PHONE: (000)  
PRIMARLIABILITY S/P

DATE SCHEDULED 03/30/2002  
ATTEND PHYS: MICHAEL J LESCORD MD  
REF PHYS: \*UNKNOWN  
ACCT #: 108118993

59-18-78  
GUAR: DE ROSA, ROSALIE  
EXAM: HUMERUS  
RSN FOR EX: RM 14 LT UPPER ARM DUE TO PAIN

MR#  
SEQ#: 2  
D007/26/1935

REPORT FOR RADIOLoGY CONSULTATION

Left humerus- 73060

Comparison: None

Technique: Left humerus- two views

FINDINGS:

Left humerus is unremarkable. There is no evidence of fracture or dislocation. No bony destructive or periosteal reaction is identified. Left shoulder is grossly normal as is the left elbow.

IMPRESSION:

Negative left humerus.

DOD: 3-31-02 1132 hours #193147 CODE: N

TRANSCRIBED: 4/01/2002 8:06 BY JUNE COMMEAU STAF STATUS: V

READING RADIOLOGIST Benjamin Bamford, M.D. VERIFIED BY: Steven Hintz, M.D.

Emergency Department

ST. JOSEPH HOSPITAL  
(Conducted by the Felician Sisters)  
360 Broadway  
Bangor, Maine 04401

100 123 19 P 3:27

EMERGENCY DEPARTMENT  
ST. JOSEPH HOSPITAL  
BANGOR, MAINE

EMERGENCY DEPARTMENT NOTE

PATIENT'S NAME: DE ROSA, ROSALIE

DATE OF BIRTH:

MR #: 59-18-78

ACCT #: 108118993

ADMISSION DATE: 03/30/2002

ED PHYSICIAN: Michael Lescord, M.D.

PRIMARY CARE PHYSICIAN:

TIME:

(1) TRIAGE: 1835 (2) REGISTRATION: 1909 (3) ROOM: 1925 (4) PHYSICIAN: 1950

CHIEF COMPLAINT: Left arm and left breast injury.

**HISTORY OF PRESENT ILLNESS\REVIEW OF SYSTEMS:** The patient is a 66-year-old paraplegic female who was taking a bus with her wheelchair when she was grabbed by the bus driver in her left arm and forearm area, and she sustained an injury to her left breast. She states that she has pain over much of the chest where her left breast is. There is no shortness of breath, no cough, and no hemoptysis.

Up until this acute injury, the patient had done well without chronic fevers, weight loss, or anorexia. There is no cough or sputum production. No nausea, vomiting, or diarrhea. The remainder of the review of systems is negative.

**ALLERGIES:** Penicillin, aspirin, Keflex, sulfa drugs, and E-Mycin.

**MEDICATIONS:** What appears to be Voltaren 75 mg p.o. q.i.d.

**TETANUS STATUS:**

**PAST MEDICAL HISTORY:** Significant for breast cancer. The patient also is paraplegic.

**SOCIAL HISTORY:** She lives with her daughter and does not smoke or drink.

**FAMILY HISTORY:**

**VITAL SIGNS** TEMP: 97.4 degrees PULSE: 73 RESP: 18 BP: 130/80

**OBJECTIVE FINDINGS:** The patient appears as a 66-year-old lady in no acute distress. HEENT exam shows pupils equally round and reactive to light. Extraocular motions are full. Oropharynx is moist. There is no exudate. The neck is supple; there is no posterior tenderness. Lungs are clear. The patient's left breast is post surgical changes in the nipple area; this area is tender, and

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EMERGENCY DEPARTMENT NOTE

ST. JOSEPH HOSPITAL  
EMERGENCY DEPARTMENT NOTE

Name: DE ROSA, ROSALIE  
MR#: 59-18-78

Page 2

this is the area where the patient states she was struck. The patient's left upper arm is tender to palpation. The left shoulder has full range of motion. The left elbow has full range of motion. Distal neurovascular exam of the left upper extremity is normal. Chest is otherwise nontender. Abdominal exam shows good bowel sounds without hepatosplenomegaly. The abdomen is soft and nontender without guarding.

**DIFFERENTIAL DIAGNOSIS:** Fracture versus contusion versus sprain.

**PROCEDURES:**

**ABG/PULSE OXIMETRY:** O<sub>2</sub> sat is 99% on room air.

**X-RAY:** X-rays of the left upper arm and chest appear normal.

**EKG/OTHER:**

**LABS:**

**MEDICAL DECISION MAKING:**

**CLINICAL IMPRESSIONS:**

1. Left breast contusion.
2. Left upper arm contusion.

**DISPOSITION:** Discharge.

**DISCHARGE PLAN/INSTRUCTIONS:** Darvocet-N 100, #15, no refills. Contusion instructions via Logicare. Early followup with local family physician. Return here if worse.

**DISCHARGE CONDITION:** Stable.

**DISPOSITION TIME:** 2045.

  
Michael Lescord, M.D.

D: 03/31/2002 02:56  
T: 04/04/2002 50001038  
ML / mr

CC:

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ST. JOSEPH HOSPITAL  
EMERGENCY DEPARTMENT  
EMERGENCY DEPARTMENT NOTE

EMERGENCY DEPT  
108118993  
M.R.#: 59-18-78

ST. JOSEPH HOSPITAL  
360 BROADWAY  
BANGOR, MAINE 04401

DATE: 03/30/02 S  
TIME: 19:09  
ARRIVED: 1 CAR  
LESCORD, MICHAEL J

P DE ROSA, ROSALIE  
A PO BOX 684  
T  
I WESTWOOD, MA 02090  
E AGE: 066Y DOB:  
N SEX: F SOC:  
T PAT. EMPL: RETIRED  
GUAR EMPL: RETIRED

G DE ROSA, ROSALIE  
U PO BOX 684  
A  
R WESTWOOD, MA 02090  
ADMIT BY: SBESTAF

LIABILITY BANGOR CITY  
I GRP#  
N PUL#  
S DE ROSA, ROSALIE

3/29/02  
3/30/02  
3/30/02  
3/30/02  
3/30/02  
3/30/02  
3/30/02

ALLERGIES: Sulfa, PCN, ASA, Keflex, E-MYCIN PCP: OUT-OF-AREA-PCP,

IMMUN/TET: NURSE SIG: Julie Rosella 1925 RM: 2712

INJ/ILT ARM/BREAST INJURY TMI: 17:30 DT: 03/30/02 PL: SHAW'S MAIN ST BOR

HX: (TIME PT SEEN BY MD 1950) LAB: CBC AMYLASE Q/HCG

grabbed (L) arm, forearm  
hit breast

PT	PTT	LIPASE
ESR	BMP	MG
CMP	U/A	EKG
HP	U/HCG	ABC

PE: \* blues CIS S/HCG RSS

\* no upper arm

\* swelling > done cool

\* no

CXR	HAND	ANKLE
ACUTE AXL	WRIST	FOOT
2VIEW ASO	ELBOW	LEG
C-SPINE	SHOULDER	HIP
T-SPINE	KNEE	CT
LS SPINE	FINGER	US

CONSULT PHYSICIAN: PAGES: RESPOND: ARRIVED:

X-RAY: \* DANOCET started PR

DX: (L) upper arm strain

chest wall contusion

\*DISCH. TIME  
\*IMP SAME

RX/INSTRUCTIONS: \*DISCHARGE CODE

INST: C

DATE: 992831 3/30/02 WIL Q MD

E.R. CONTINUATION



## St. Joseph Hospital

360 Broadway  
P.O. Box 403  
Bangor, ME 04402-0403  
(207) 262-1248 • (207) 262-1249

## DETAIL BILL

PLEASE REFER TO THIS NUMBER  
ON ALL CORRESPONDENCE

PATIENT TYPE EMERGENCY	E	PAGE 1
PATIENT ACCOUNT NUMBER	108118993	

PHONE NO.	ATTENDING PHYSICIAN LESCORD, MICHAEL J	MEDICAL RECORD NBR 59-18-78
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PATIENT NAME ROSA, ROSALIE	ADMISSION DATE 3/30/02	DISCHARGE DATE 3/30/02	DAYS	BIRTHDATE	GROUP NO.	MEMBER NO.
-------------------------------	---------------------------	---------------------------	------	-----------	-----------	------------

PATIENT OR GUARANTOR NAME AND ADDRESS			Tax I.D. # 01-0212435		
ROSALIE DE ROSA PO BOX 684 WESTWOOD, MA 02090			C O V E R A G E 1ST 2ND 3RD	CODE 0031	LIABILITY BANGOR CITY

CHARGE NO.	DESCRIPTION OF CHARGES	DATE	QUANTITY	CODE	AMOUNT
01830	250 PHARMACY DARVOCET N 100 ** SUBTOTAL **	3/30/2002	5		16.00 16.00
00134	320 RADIOLOGY - DIAGNOSTIC CHEST; 2 VIEWS	3/30/2002	1		110.00
04334	HUMERUS,MINIMUM 2 VIEWS ** SUBTOTAL **	3/30/2002	1		141.40
			2		251.40
02635	450 EMERGENCY ROOM ER FEE LEVEL I ** SUBTOTAL **	3/30/2002	1		44.30 44.30
02799	981 PRO FEES-EMERGENCY ROOM EMERGENCY SERVICE LEV IV ** SUBTOTAL **	3/30/2002	1		237.25 237.25
	*** TOTAL CHARGES -->				548.95

▼ BALANCE ▼  
548.95

Maine Medical Center

Emergency Department  
22 Bramhall Street  
Portland, ME 04102  
(207) 871-2381

Brighton FirstCare  
335 Brighton Ave.  
Portland, ME 04102-57  
(207) 879-8111

Patient Name: ROSALIE DEROSA DOB: DOS:04/11/2002  
Visit Number: 044737680001 Visit Location: ER - Bramhall Campus

**IMPORTANT:** We have examined and treated you today on an emergency basis only. This is not a substitute for, or an effort to provide, complete medical care. In most cases, you must let your doctor check you again. Tell your doctor about any new or lasting problems. It is impossible to recognize and treat all injuries or illnesses in a single Emergency Department visit. If you had special tests such as EKG's and X-rays, we will review them again within 24 hours. We will call you if there are any new suggestions. After leaving, you should **FOLLOW THE INSTRUCTIONS BELOW.**

A treating provider for you was:

The supervising/treating physician John Saucier M.D.  
You were discharged by Vicki C RN on 04/11/2002 at 02:07

**TODAY YOUR DIAGNOSIS IS:** breast lump

**Do the following:**

Follow-up at Breast Care Center

**Call your doctor if you have:**

- any new or severe symptoms.

**MOIST HEAT (Warm Packs).**

\*\*\*\*\*  
Moist heat will help your injured area heal and relax.

**Follow these steps carefully to use warm packs:**

- 1) Wet and wring out clean towels in comfortably warm water.  
**Use Warm, Not Hot Water!**
- 2) Put the warm, wet towels on the affected area and cover the wet towels with a waterproof cover. Lay a dry towel over this cover.
- 3) Leave the pack on for 20 minutes.
- 4) Repeat this every 4 to 6 hours while awake.

**Stop Using the Warm Packs and Call your doctor if you have:**

Maine Medical Center

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Brighton FirstCare  
335 Brighton Ave.  
Portland, ME 04102  
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**Patient Name:** ROSALIE DEROSA **DOB:** **DOS:04/11/2002**  
**Visit Number:** 044737680001 **Visit Location:** ER - Bramhall Campus

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- blisters or redness.
- loss of feeling.
- swelling.
- any new or severe symptoms.

\*\*\*\*\*  
THESE ARE YOUR FOLLOW-UP INSTRUCTIONS!

\*\*\*\*\*  
Follow-up at the Breast Care Center. Call as soon as possible to make the appointment. You can reach the clinic at 885-7760.

\*\*\*\*\*  
Return to the Emergency Department at Maine Medical Center if you have any new or worsening symptoms - any redness or fever.

\*\*\*\*\*  
AS ALWAYS, YOU ARE THE MOST IMPORTANT FACTOR IN YOUR RECOVERY. Please follow the instructions above carefully. Take your medicines as prescribed. Most important, see a doctor again as discussed. If you have problems that we have not discussed, CALL OR VISIT YOUR DOCTOR RIGHT AWAY. If you can't reach your doctor, you may return here.

X-Ray Reports:

If you had an X-Ray taken today you may need to obtain copies of your x-rays to take to your follow-up visit:

The Maine Medical Center Radiology Department has established a Central Film Library, (CFL) at 125 John Roberts Road, Unit 3, in South Portland. Images done at the various MMC facilities are usually transported to the John Roberts Road site and not stored at the performing facility.

If your physician request you to bring your images with you to your next appointment, please follow the instructions below.

1. Call Central Film Library, 24 hours in advance if

Maine Medical Center

Emergency Department  
22 Bramhall Street  
Portland, ME 04102  
(207) 871-2381

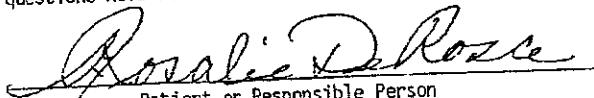
Brighton FirstCare  
335 Brighton Ave.  
Portland, ME 04102  
(207) 879-8111

Patient Name: ROSALIE DEROSA DOB: DOS: 04/11/2002  
Visit Number: 044737680001 Visit Location: ER - Bramhall Campus

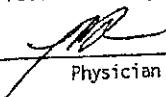
possible, at (207) 871-2328.  
2. State your full name, date of birth and if available, the  
number above your name on your blue MMC card.  
3. State the type of images you need to pick up.  
4. Tell them the date and time you will be picking up the  
images and the name and address of the physicians or  
facility where you are taking the images.  
5. Leave a daytime phone number where you can be reached in  
case of a potential problem.

If you prefer, the above information can be faxed to (207)  
871-6044.  
Images can be picked up at CFL between 7 AM and 7 PM every  
day, including weekends.

"I understand the written and discussed instructions. My  
questions have been answered."

  
Rosalie D. Rose

Patient or Responsible Person

  
\_\_\_\_

Physician or Nurse

CIGARETTE SMOKING: This is a great health problem! The facts  
are clear that cigarette smoking can shorten your life. It  
can also cause a great deal of illness along the way. If  
you smoke and need help quitting, talk to your regular  
doctor.

SEATBELTS. There is no doubt that seatbelts save lives.  
Every day in the Emergency Department we see how people  
without seatbelts are more severely hurt. We always  
buckle-up! Please do the same!

Maine Medical Center

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Portland, ME 04102  
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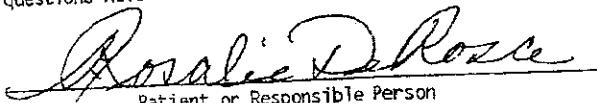
Patient Name: ROSALIE DEROSA DOB: 07/26/1935 DOS:04/11/2002  
Visit Number: 044737680001 Visit Location: ER - Bramhall Campus

possible, at (207) 871-2328.

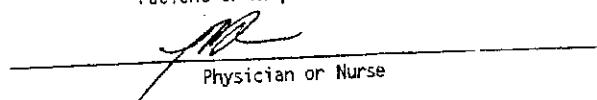
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Rosalie DeRosa

Patient or Responsible Person

  
\_\_\_\_\_  
Physician or Nurse

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Maine Medical Center

**HEALTH INFORMATION MANAGEMENT 19 P 3 57**  
**RELEASE OF INFORMATION SECTION**

RECEIVED  
MAY 2002  
MAINE MEDICAL CENTER

05/28/02

ROSALIE DEROSA  
PO BOX 684  
WESTWOOD, MA 02090

---

ROSALIE DEROSA MR# 04473768 REQUEST # 169140

---

<b>Admission</b>	<b>Discharge</b>	<b>Type</b>	<b>MMC Account Number</b>
04/11/02	04/11/02		044737680001

---

The following is in response to your request of 05/28/02 for the above named patient:

**1. Enclosed you will find the requested information.**

If you have any questions, please call the Release of Information Specialist at 207-871-2211 between 8:00 A.M. and 4:30 P.M.

*Kenall*  
Release of Information Specialist  
Health Information Management

**PROHIBITION ON REDISCLOSURE**

The requested medical information has been disclosed to you from records protected by various state and federal laws and regulations. Such laws and regulations prohibit you from making any further disclosure of the medical information unless further disclosure is expressly permitted by the written authorization of the individual to whom it pertains or as otherwise permitted by law. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

Maine Medical Center

Page 3 of 4

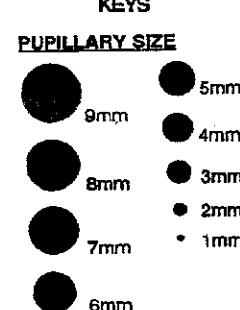
STANDARD OF CARE  
FOR GENERAL MEDICAL/  
SURGICAL PATIENT IN THE  
EMERGENCY DEPARTMENT

144585

DEROSA, ROSALIE EMERG  
044737680001 07/26/35 F CAT 4  
DOS: 04/11/02 00:12 DR.  
SPM: DT: TM: :

DATE: \_\_\_\_\_

GLASCOW COMA SCALE	ADULT		PEDIATRIC		KEYS
	Spontaneous	4	Spontaneous	4	
Eye Opening	To Voice	3	To Voice	3	
	To Pain	2	To Pain	2	
	None	1	None	1	
Verbal Response	Oriented	5	Coos/Babbles	5	
	Confused	4	Irritable	4	
	Inappropriate Words	3	Cries to Pain	3	
	Incomprehensible Words	2	Moans to Pain	2	
	None	1	None	1	
Motor Response	Obey Commands	6	Normal Spontaneous Movement	6	
	Localizes Pain	5	Withdraws to Touch	5	
	Withdraw (pain)	4	Withdraw (pain)	4	
	Flexion (pain)	3	Abnormal Flexion	3	
	Extension (pain)	2	Abnormal Extension	2	
	None	1	None	1	



24-h Time											
Blood Pressure											
Pulse (rate and rhythm)											
Respiration											
Temperature											
Pulse Oximetry %											
O2 Source/lpm											
Total Coma Score											
Pupil OD s/r											
OS s/r											
Urine Output/Cum											

IV THERAPY	SOLUTION	24-h Time									
IV #1: gauge											
Site:											
Started by:											
IV #2: gauge											
Site:											
Started by:											

KEY: RBC = Red Blood Cells Cryo - Cryoprecipitate Pit = Platelets FFP = Fresh Frozen Plasma

**INTAKE**

Prehospital IV Fluids \_\_\_\_\_

ED IV Fluids \_\_\_\_\_

ED Blood Components \_\_\_\_\_

Other \_\_\_\_\_

Total Intake \_\_\_\_\_

**OUTPUT**

Urine \_\_\_\_\_

Nasogastric Tube \_\_\_\_\_

Chest Tube \_\_\_\_\_

Other \_\_\_\_\_

Total Output \_\_\_\_\_

MEDICATIONS	DOSE	ROUTE	24-h Time								NURSE/PHYSICIAN
			1	2	3	4	5	6	7	8	
Amiodarone	10mg	IV	100	100	100	100	100	100	100	100	John Doe
Atropine	0.04mg	IV	100	100	100	100	100	100	100	100	
Aspirin	325mg	PO	100	100	100	100	100	100	100	100	
Sorbitol	1000mg	IV	100	100	100	100	100	100	100	100	

Maine Medical Center

Page 4 of 4

STANDARD OF CARE FOR GENERAL  
MEDICAL/SURGICAL PATIENT IN  
THE EMERGENCY DEPARTMENT

DEROSA, ROSALIE EMERG  
044737680001 07/25/35 F CAT \*  
DOS: 04/11/02 00:12 DR. \_\_\_\_\_  
SPN: \_\_\_\_\_ DT: \_\_\_\_\_ TN: \_\_\_\_\_

DATE: \_\_\_\_\_

## FOCUS NOTES/RHYTHM STRIPS

200) No bradycardia noted. Atrial fibrillation NAD  
200) Atrial fibrillation is a contraindication to the use of digoxin. The rhythm strip is consistent with atrial fibrillation.

## PATIENT/SUPPORT PERSON EDUCATION/DISCHARGE PLAN:

Learning Assessment:  Significant Findings: Identify findings and adjustments to teaching:

Initials	RTL*	Information Taught	Who was Taught?	Handouts Given?	Response to Teaching	Reinforce Teaching Initials	Response to Teaching
101	1	Pain Management  <i>As applicable:</i> - Use of Pain Scale - Medications, complementary therapy	AT	11	2		
		Health issues/illness: - Diagnosis and Treatment Plan					
		Safe, effective use of medications: - Food/Drug Interactions					
		<i>As applicable:</i> - Nutrition					
		<i>As applicable:</i> - Activity/Treatments					
		<i>As applicable:</i> - Safe, effective use of equipment - Assistive devices					
✓		Community Resources: - Money to purchase meds/equipment - Transportation to referrals - Follow-up plan for further medical assistance	✓	✓	✓		
*RTL = Readiness to Learn		Method Used	Response To Teaching				
A. No Barriers	E. Unreceptive	H = Handout, Brochure	1. Demonstrates understanding				
B. Fatigue/Pain	F. Other:	ITV = Interactive TV	2. Verbalizes understanding				
C. Communication Barrier		V = Video	3. Needs reinforcement				
D. Cognitive/Sensory Impairment		DI = Disch Instructions	4. Poor understanding				
			5. Support person needed				
			6. Unable to learn				

ED 144585+ 5/01 avr 1-6506

Maine Medical Center

Page 1 of 4

**STANDARD OF CARE**  
**FOR GENERAL MEDICAL/**  
**SURGICAL PATIENT IN THE**  
**EMERGENCY DEPARTMENT**



144585

DEROSA, ROSALIE  
 044737680001  
 EMERG  
 DOS: 04/11/02 00:12 DR.  
 GAT  
 SPM: \_\_\_\_\_ DT: \_\_\_\_\_ TM: \_\_\_\_\_

DATE: 4/11/02 24-h Time: 0000Triage Nurse: Albion RN Triage Category: 4**COLLABORATIVE PROBLEMS**

1. Physical/emotional symptoms of health condition.
2. Anxiety.
3. \_\_\_\_\_

**OUTCOMES**

- a. Meets discharge criteria or admitted to an inpatient unit.
- a. Verbalizes/demonstrates understanding of disease process, treatment plan and follow-up care.
- a. \_\_\_\_\_

MET

**PRIMARY ASSESSMENT:**T 37  tympanic/rectal  PO  Rectal P 58 R 16 B/P 140/55Pulse Oximetry % \_\_\_\_\_  R/A  O<sub>2</sub> \_\_\_\_\_ lpm

Pain Scale # \_\_\_\_\_

Stated essential 1 week pain in Breast area & enlarged  
 C/S increasing pain

No of breast C/S: \_\_\_\_\_  
 arthritic

Tetanus Status: \_\_\_\_\_ Last Normal Menstrual Period: \_\_\_\_\_ Mass \_\_\_\_\_ kg.

Interpreter called:  24-h time  Not Applicable  Refused Abuse Screening  Done  N/AAllergies: ASA penicillin Erythromycin Sulfa ResipinMedications: Vitamin C recent back eyeC-spine Protocol: Physician \_\_\_\_\_  Immobilized  C-collar removed**PROTOCOLS:** Check protocols initiated. Triage (Medical) \_\_\_\_\_ \_\_\_\_\_**REFERRALS MADE:**

DATE

_____	_____	_____
_____	_____	_____
_____	_____	_____

24-h Time/Initials	Signature/Title	24-h Time/Initials	Signature/Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ED 144585+ 5/01 avr 1-6506



Maine Medical Center

Page 2 of 4

STANDARD OF CARE FOR GENERAL  
MEDICAL/SURGICAL PATIENT IN  
THE EMERGENCY DEPARTMENT

DATE: \_\_\_\_\_

DEROSA, ROSALIE ENERG  
044737680001 F-CAF&  
DOS: 04/11/02 00:12 DR.  
SPM: \_\_\_\_\_ DT: \_\_\_\_\_ TH: \_\_\_\_\_

## CHARTING BY EXCEPTION (CBE) SYMBOLS ARE USED ONLY WITH THE ASSESSMENT/REASSESSMENT/OBSERVATION PARAMETERS

CBE Symbols: 0 = Within defined parameter or meets the patient's normal parameter as identified on the Admission Assessment.

\* = Variance from defined Parameter. Requires a Focus Note/flowsheet entry to describe exception.

&gt; = In agreement with entire Focus Note associated with previous exception charting.

Assessment with a (\*) is minimum requirement for the standard. Assessment Parameters used:  Adult  Pediatric

ASSESSMENT PARAMETERS									
24-h Time	12:00								
Neurological (AP)									
Cardiovascular (AP)									
Respiratory (AP)									
Gastrointestinal (AP)									
Genitourinary (AP)									
Integumentary (AP)									
Musculoskeletal (AP)									
Neurovascular (AP)									
Pain (OP)	Q8H If pain Q4H	Initial							
Pain Scale #									
Functional (OP)	once								
Learning (AP)	once								
Mental Status (AP)	once								
Psychosocial (AP)									
Amniotic Fluid (OP)									
Vaginal Bleeding (OP)									
Uterine Activity (OP)									
Breast Nipple (OP)									
Perineal (OP)									
IV Site (OP): Q8H (adult); Q4H (pediatric) until IV discontinued. Specify type/location of peripheral/arterial/central venous/epidural catheters/PICC									

## INTERVENTIONS:

1. Obtain a focused history of presenting problem, taking into account growth/development, cultural and/or communication needs.
2. Obtain vital signs (TPR, BP) at initial assessment and every 8 hours.
3. Mass all patients under 12 years of age.
4. Initiate appropriate triage protocols for X-ray orders, unit tests (urine dipstick, urine HCG, glucose testing by glucometer), medication administration, and EKG orders.
5. Place patient presenting with chest pain, palpitations, dyspnea or drug/alcohol overdose on continuous cardiac, O<sub>2</sub> saturation, and BP monitoring. Record parameters at initial assessment.
6. Begin O<sub>2</sub> administration as indicated.
7. Establish IV access and draw lab to hold as indicated.
8. Monitor every 2 hours for comfort, toileting and dietary needs.
9. Evaluate all wounds/burns for size, color, depth, sensation, circulatory status, and presence/absence of foreign bodies.
10. Evaluate range of motion, edema, ecchymosis and/or deformity of an injured extremity at initial assessment and as indicated.
11. Encourage patient and/or support person to verbalize feelings/concerns.
12. Identify age appropriate coping mechanisms; provide support as needed.
13. Keep patient and/or support person informed of treatment plan and progress.
14. If patient expires, offer support person(s) assistance in dealing with the grief process. Follow "Guidelines for Anatomical Gifts".

卷一

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ANSWER: **1000000**

440352

Filed 04/19/2004

Page 20 of 63

DEROSA, ROSALIE

440352  
REG:94/11/02

00:12

044737680001

## PATIENT EVALUATION & TREATMENT

DICTATED:

CONSULT WITH:

937392

CONSULT WITH:

## DIAGNOSIS

CONTINUED:

**SIGNATURE**

## **PATIENT INSTRUCTIONS**

EMERGENCY DEPARTMENT • MAINE MEDICAL CENTER • PORTLAND, MAINE 04102 • (207) 761-2221

THE EXAMINATION AND TREATMENT YOU HAVE RECEIVED HAS BEEN ON AN EMERGENCY BASIS ONLY AND IS NOT INTENDED TO BE A SUBSTITUTE OR REMPLACEMENT FOR COMPLETE CARE FROM YOUR PERSONAL PHYSICIAN. ALL X-RAYS AND EKG'S ARE REVIEWED BY SPECIALIST PHYSICIANS. IF ANY INTERPRETATION DIFFERS FROM THE EMERGENCY READING, WE WILL CONTACT YOU. YOU SHOULD FOLLOW THE INSTRUCTIONS GIVEN AND FOLLOW UP WITH:

- REFERRED  
TO Call Breast care
- MEDICATIONS PRESCRIBED

I HAVE READ AND UNDERSTAND THE  
ABOVE INSTRUCTIONS

**SIGNATURE**  
(PATIENT OR LEGAL GUARDIAN)

INSTRUCTION SHEETS GIVEN		NOTICE OF INSTRUCTIONS GIVEN	
AFTERCARE INSTRUCTIONS		<input type="checkbox"/>	
		MED. CATEGORY	DIAGNOSIS
OTHER	<input type="checkbox"/>		
<p>Warm compress to area.</p> <p>Watch for redness or fever</p>			

MMC/ED  
DEROSA, ROSALEE 0447-37-68-0001 DATE: 04/11/2002

CC: Injury to breast. The patient is a 66-year-old white female who injured her left breast within the last week due to a punching episode. Has more pain and soreness in the breast at the present time.

PMH: Significant for prior breast lump removal which was cancerous. She has had follow up since that time and had a negative checkup within the last two months.

MEDS: Voltaren.

ALL: Aspirin, penicillin, erythromycin, sulfa and Rocephin.

FH: Negative.

SH: The patient has moved up here from the Boston area and hopes for better living situation.

PE: On physical examination the patient is awake and alert in no apparent distress. Vital signs are normal. HEENT is unremarkable. Neck is supple. Chest is clear. There is tenderness in the left breast with an obvious 8 x 8 cm mass near the left nipple. There is no overlying erythema or any skin changes.

IMP: Breast contusion with breast mass present. The breast has an 8 x 8 cm mass in the left breast near the nipple. No erythema is noted.

PLAN: The patient will follow up as needed with the Maine Breast Clinic and that number is given. She may use hot packs in the meantime to help with the symptoms.

  
JOHN R. SAUCIER, MD  
D 04/11/2002 06:17 T 04/11/2002 13:39/170  
"DRAFT" UNTIL SIGNED



Maine Medical Center

22 Bramhall Street  
Portland, ME 04102-3175Account Number  
004473768-0001**Patient Bill for Rosalie Derosa**

Thank you for choosing Maine Medical Center as your health care provider. An itemization of Outpatient Services for 04/11/02 is provided below. Please keep this statement for your records.

Statement Date

April 18, 2002

Page 01 of 02

**Summary of Charges**

DATE OF VISIT: April 11, 2002

Total Charges \$204.50

Credits/Payments \$0.00

Adjustments \$0.00

Total Billed To Your Insurance \$204.50

Total Due From You At This Time \$0.00

**Questions about your Bill?**

Call Patient Accounts Office at 207-871-2411 or toll free in Maine 1-800-974-2072 Monday through Friday from 8:00 am to 4:30 pm.

**MAINE MEDICAL CENTER**

Please detach this portion and return with your payment

Patient	Account Number	Due Date	Amount Due	Enclosed
Rosalie Derosa	004473768-0001		\$0.00	

Maine Medical Center  
22 Bramhall Street  
Portland, ME 04102-3175

Complete the reverse side to pay by credit card.

Rosalie Derosa  
Po Box 684  
Pt Refused  
Westwood, MA 02090



If your insurance has changed, please indicate changes on the back of this page



Maine Medical Center

22 Bramhall Street  
Portland, ME 04102-3175Account Number  
004473768-0001

## Patient Bill for Rosalie Derosa

Thank you for choosing Maine Medical Center as your health care provider. An itemization of Outpatient Services for 04/11/02 is provided below. Please keep this statement for your records.

Statement Date  
April 18, 2002

Page 01 of 02

## Summary of Charges

DATE OF VISIT: April 11, 2002

Total Charges	\$264.50
Credits/Payments	\$0.00
Adjustments	\$0.00
Total Billed To Your Insurance	\$204.50
Total Due From You At This Time	\$0.00

## Questions about your Bill?

Call Patient Accounts Office at 207-871-2411 or toll free in Maine 1-800-974-2072 Monday through Friday from 8:00 am to 4:30 pm.

## MAINE MEDICAL CENTER

Please detach this portion and return with your payment.

Patient	Account Number	Due Date	Amount Due	Enclosed
Rosalie Derosa	004473768-0001		\$0.00	

Maine Medical Center  
22 Bramhall Street  
Portland, ME 04102-3175

Complete the reverse side to pay by credit card.

Rosalie Derosa  
Po Box 684

Westwood, MA 02090



If your insurance has changed, please indicate changes on the back of this page

MAINE MEDICAL CENTER  
EMERGENCY DEPARTMENT RECORD

44032

OA

5/3

POSTER

CALL PATIENT BACK ON	DATE	FOR	REASON	CHARGE LEVEL	TRAUMA ROOM	POSTER
TRIAGE NOTE			TIME:	TRIAGE NURSE	TRIAGE CATEGORY:	
			T	P	R	BP
						RI 3357 LF
						TIMES
						CUBICLE
						SEEN
						CONSULT
						DISCHARGE

**MEDICATIONS**

ALLERGIES	LAST TETANUS				LNMP
NURSES NOTES	PRIMARY NURSE:	TIME	TEMP	P	R

**ORDERS**

RECORDS CALLED AT	ORD. BY	TIME	ACTION BY	TIME
Breast care rental - scrub rom				
Vicodin (4) - i paged p-p				

SEE OTHER NURSES NOTES

**ATTENDING PHYSICIAN**

EMRGR-5737 MAINE MEDICAL CENTER  
04/11/02 00:21 EMERGENCY RECORD 044737680001

DEROSA, ROSALIE 1-WHITE F/C:M BY:TLA REG:04/11/02  
PO BOX 684 \*BORN:07/26/35 MAR:S AGE:66 SEX:F 00:12  
WESTWOOD MA 02090 PHONE: 0000000000 RELIGION: CAT VET: N  
EMPLOYER: TO HOSPITAL VIA:CAR  
ACC TYPE:E SS#:029264584  
LGL NEXT/KIN:DEROSA FRANCES REL:0 PHONE:0000000000  
ADDR:  
OTHER INFO:  
FAMILY DOCTOR: NONE  
PT CMPLT:L BREAST INJ  
HEARING IMPAIRED: DEAF:  
NEEDS ALD/TTY DEVICE:

SEEN & AGREE: \_\_\_\_\_  
DISCUSSED & AGREE: \_\_\_\_\_  
RECORD REV'D BY: \_\_\_\_\_  
04/11/02/WITHIN 24 HRS/OTHER: \_\_\_\_\_

EMERGENCY DEPARTMENT RECORD

DEROSA, ROSALIE

REG:04/11/02

00:12

044737680001

440352 (8/96)

473-087-0210 (8/96), Moore North America. All rights reserved. - 021

## PATIENT EVALUATION &amp; TREATMENT

DICTATED: CONSULT WITH: 

937392

DIAGNOSIS	Breast mass		
SIGNATURE			
<input type="checkbox"/> D.O.A. <input type="checkbox"/> DIED _____ <input checked="" type="checkbox"/> HOME <input type="checkbox"/> ADMITTED TO: _____ <input type="checkbox"/> IMPROVED <input type="checkbox"/> STABLE			

CONTINUED: 

## PATIENT INSTRUCTIONS

EMERGENCY DEPARTMENT • MAINE MEDICAL CENTER • PORTLAND, MAINE 04102 • (207) 871-2381

THE EXAMINATION AND TREATMENT YOU HAVE RECEIVED HAS BEEN ON AN EMERGENCY BASIS ONLY AND IS NOT INTENDED TO BE A SUBSTITUTE OR REPLACEMENT FOR COMPLETE CARE FROM YOUR PERSONAL PHYSICIAN. ALL X-RAYS AND EKG'S ARE REVIEWED BY SPECIALIST PHYSICIANS. IF ANY INTERPRETATION DIFFERS FROM THE EMERGENCY READING, WE WILL CONTACT YOU. YOU SHOULD FOLLOW THE INSTRUCTIONS GIVEN AND FOLLOW UP WITH:

REFERRED TO Call Breast care  
 MEDICATIONS PRESCRIBED Center in scarboro

INSTRUCTION SHEETS GIVEN		
AFTERCARE INSTRUCTIONS <input type="checkbox"/>	MED. CATEGORY	DIAGNOSIS
OTHER <input type="checkbox"/>		
Warm compress to area		
Watch for redness or fever		
00 CALL 871-2020 FOR TEST RESULTS IF INSTRUCTED BY CARE GIVER		

I HAVE READ AND UNDERSTAND THE ABOVE INSTRUCTIONS

 SIGNATURE  
 (PATIENT OR LEGAL GUARDIAN)

Maine Medical Center

Page 1 of 4

STANDARD OF CARE  
FOR GENERAL MEDICAL/  
SURGICAL PATIENT IN THE  
EMERGENCY DEPARTMENT

144585

DEROSA, ROSALIE  
044737680001 02/26/35 F GAT  
DOS: 04/11/02 00:12 DR.  
SPM: DT: TM: :  
EMERG

DATE: 4/11/02 24-h Time: 0000

## COLLABORATIVE PROBLEMS

1. Physical/emotional symptoms of health condition.
2. Anxiety.
3. \_\_\_\_\_

Triage Nurse: L. B. L.Triage Category: 4

MET

## OUTCOMES

- a. Meets discharge criteria or admitted to an inpatient unit.
- a. Verbalizes/demonstrates understanding of disease process, treatment plan and follow-up care.
- a. \_\_\_\_\_

## PRIMARY ASSESSMENT:

T 37  tympanic/rectal  PO  Rectal P 58 R 16 B/P 148/55 Pulse Oximetry % \_\_\_\_\_  R/A  O<sub>2</sub> \_\_\_\_\_ lpm  
Pain Scale # \_\_\_\_\_

Stated assaulted 1 week previously in Obest area & ecchymosis  
% increasing pain

No of breast c/s: 2 & arthritis

Tetanus Status: \_\_\_\_\_ Last Normal Menstrual Period: \_\_\_\_\_ Mass \_\_\_\_\_ kg.  
Interpreter called:  24-h time  Not Applicable  Refused

Abuse Screening  Done  N/AAllergies: ASA Penicillin Erythromycin Sulfa ResipinMedications: Voltaren (recent 1 week ago)C-spine Protocol: Physician \_\_\_\_\_  Immobilized  C-collar removed

## PROTOCOLS: Check protocols initiated.

 Triage (Medical)

## REFERRALS MADE:

DATE

_____	_____
_____	_____
_____	_____

24-h Time/Initials	Signature/Title	24-h Time/Initials	Signature/Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Maine Medical Center

Page 2 of 4

**STANDARD OF CARE FOR GENERAL  
MEDICAL/SURGICAL PATIENT IN  
THE EMERGENCY DEPARTMENT**

DEROSA, ROSALIE EMERG  
044737680001-07/26/35 F CAT 2  
DOS: 04/11/02 00:12 DR.  
SPM: \_\_\_\_\_ DT: \_\_\_\_\_ TH: \_\_\_\_\_

DATE: \_\_\_\_\_

**CHARTING BY EXCEPTION (CBE) SYMBOLS ARE USED ONLY WITH THE ASSESSMENT/REASSESSMENT/OBSERVATION PARAMETERS**

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\* = Variance from defined Parameter. Requires a Focus Note/flowsheet entry to describe exception.

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Assessment with a (\*) is minimum requirement for the standard. Assessment Parameters used:  Adult  Pediatric

ASSESSMENT PARAMETERS											
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Neurological (AP)											
Cardiovascular (AP)											
Respiratory (AP)											
Gastrointestinal (AP)											
Genitourinary (AP)											
Integumentary (AP)											
Musculoskeletal (AP)											
Neurovascular (AP)											
• Pain (OP)	Q8H If pain Q4H	Once									
• Functional (OP)	once										
• Learning (AP)	once										
• Mental Status (AP)	once										
Psychosocial (AP)											
Amniotic Fluid (OP)											
Vaginal Bleeding (OP)											
Uterine Activity (OP)											
Breast Nipple (OP)											
Perineal (OP)											
IV Site (OP): Q8H (adult); Q4H (pediatric) until IV discontinued. Specify type/location of peripheral/arterial/central venous/epidural catheters/ PICC											

**INTERVENTIONS:**

1. Obtain a focused history of presenting problem, taking into account growth/development, cultural and/or communication needs.
2. Obtain vital signs (TPR, BP) at initial assessment and every 8 hours.
3. Mass all patients under 12 years of age.
4. Initiate appropriate triage protocols for X-ray orders, unit tests (urine dipstick, urine HCG, glucose testing by glucometer), medication administration, and EKG orders.
5. Place patient presenting with chest pain, palpitations, dyspnea or drug/alcohol overdose on continuous cardiac, O<sub>2</sub> saturation, and BP monitoring. Record parameters at initial assessment.
6. Begin O<sub>2</sub> administration as indicated.
7. Establish IV access and draw lab to hold as indicated.
8. Monitor every 2 hours for comfort, toileting and dietary needs.
9. Evaluate all wounds/burns for size, color, depth, sensation, circulatory status, and presence/absence of foreign bodies.
10. Evaluate range of motion, edema, ecchymosis and/or deformity of an injured extremity at initial assessment and as indicated.
11. Encourage patient and/or support person to verbalize feelings/concerns.
12. Identify age appropriate coping mechanisms; provide support as needed.
13. Keep patient and/or support person informed of treatment plan and progress.
14. If patient expires, offer support person(s) assistance in dealing with the grief process. Follow "Guidelines for Anatomical Gifts".

MMC/ED  
DEROSA, ROSALEE 0447-37-68-0001 DATE: 04/11/2002

CC: Injury to breast. The patient is a 66-year-old white female who injured her left breast within the last week due to a punching episode. Has more pain and soreness in the breast at the present time.

PMH: Significant for prior breast lump removal which was cancerous. She has had follow up since that time and had a negative checkup within the last two months.

MEDS: Voltaren.

ALL: Aspirin, penicillin, erythromycin, sulfa and Rocephin.

FH: Negative.

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IMP: Breast contusion with breast mass present. The breast has an 8 x 8 cm mass in the left breast near the nipple. No erythema is noted.

PLAN: The patient will follow up as needed with the Maine Breast Clinic and that number is given. She may use hot packs in the meantime to help with the symptoms.

JOHN R. SAUCIER, MD  
D 04/11/2002 06:17 T 04/11/2002 13:39/170  
"DRAFT" UNTIL SIGNED

**Maine Medical Center**

Emergency Department  
22 Bramhall Street  
Portland, ME 04102  
(207) 871-2381

Brighton FirstCare  
335 Brighton Ave.  
Portland, ME 04102  
(207) 879-8111

**Patient Name:** ROSALIE DEROSA **DOB:** 07/26/1935 **DOS:** 04/11/2002  
**Visit Number:** 044737680001 **Visit Location:** ER - Bramhall Campus

**IMPORTANT:** We have examined and treated you today on an emergency basis only. This is not a substitute for, or an effort to provide, complete medical care. In most cases, you must let your doctor check you again. Tell your doctor about any new or lasting problems. It is impossible to recognize and treat all injuries or illnesses in a single Emergency Department visit. If you had special tests such as EKG's and X-rays, we will review them again within 24 hours. We will call you if there are any new suggestions. After leaving, you should **FOLLOW THE INSTRUCTIONS BELOW.**

A treating provider for you was:  
The supervising/treating physician John Saucier M.D.  
You were discharged by Vicki C RN on 04/11/2002 at 02:07

**TODAY YOUR DIAGNOSIS IS:** breast lump

**Do the following:**

Follow-up at Breast Care Center

**Call your doctor if you have:**

- any new or severe symptoms.

**MOIST HEAT** (Warm Packs).

\*\*\*\*\*

Moist heat will help your injured area heal and relax.

**Follow these steps carefully to use warm packs:**

- 1) Wet and wring out clean towels in comfortably warm water.  
**Use Warm, Not Hot Water!**
- 2) Put the warm, wet towels on the affected area and cover the wet towels with a waterproof cover. Lay a dry towel over this cover.
- 3) Leave the pack on for 20 minutes.
- 4) Repeat this every 4 to 6 hours while awake.

**Stop Using the Warm Packs and Call your doctor if you have:**

**Maine Medical Center**

Emergency Department  
22 Bramhall Street  
Portland, ME 04102  
(207) 871-2381

Brighton FirstCare  
335 Brighton Ave.  
Portland, ME 04102  
(207) 879-8111

**Patient Name:** ROSALIE DEROSA **DOB:** 07/26/1935 **DOS:** 04/11/2002  
**Visit Number:** 044737680001 **Visit Location:** ER - Bramhall Campus

**IMPORTANT:** We have examined and treated you today on an emergency basis only. This is not a substitute for, or an effort to provide, complete medical care. In most cases, you must let your doctor check you again. Tell your doctor about any new or lasting problems. It is impossible to recognize and treat all injuries or illnesses in a single Emergency Department visit. If you had special tests such as EKG's and X-rays, we will review them again within 24 hours. We will call you if there are any new suggestions. After leaving, you should FOLLOW THE INSTRUCTIONS BELOW.

- blisters or redness.
- loss of feeling.
- swelling.
- any new or severe symptoms.

\*\*\*\*\*  
**THESE ARE YOUR FOLLOW-UP INSTRUCTIONS!**  
\*\*\*\*\*

Follow-up at the Breast Care Center. Call as soon as possible to make the appointment. You can reach the clinic at 885-7760.

\*\*\*\*\*  
Return to the Emergency Department at Maine Medical Center if you have any new or worsening symptoms - any redness or fever.  
\*\*\*\*\*

AS ALWAYS, YOU ARE THE MOST IMPORTANT FACTOR IN YOUR RECOVERY. Please follow the instructions above carefully. Take your medicines as prescribed. Most important, see a doctor again as discussed. If you have problems that we have not discussed, CALL OR VISIT YOUR DOCTOR RIGHT AWAY. If you can't reach your doctor, you may return here.

**X-Ray Reports:**

If you had an X-Ray taken today you may need to obtain copies of your x-rays to take to your follow-up visit:

The Maine Medical Center Radiology Department has established a Central Film Library, (CFL) at 125 John Roberts Road, Unit 3, in South Portland. Images done at the various MMC facilities are usually transported to the John Roberts Road site and not stored at the performing facility.

If your physician request you to bring your images with you to your next appointment, please follow the instructions below.

1. Call Central Film Library, 24 hours in advance if

LC# : 000001089114

===== CHART NOTE =====  
PRINTED ON : 10/18/02 1220  
BY : MR006SMK SK8B

20020923DEROSA, ROSALIE

REVISED

\*\* NOTE: THE FINAL SIGNED COPY OF THIS DOCUMENT IS FILED IN THE  
\*\* PATIENT MEDICAL RECORD AND MAY VARY FROM THIS COPY \*\*LAHEY CLINIC MEDICAL CENTER - Burlington, Ma.  
GENERAL SURGERYNAME: DEROSA, ROSALIE  
DATE: 09/23/02  
LCMC NO.: 108 91 14

CHIEF COMPLAINT AND REASON FOR CONSULTATION: Left breast mass.

HISTORY OF PRESENT ILLNESS: This patient is a 67-year-old Christian woman with a history of bilateral breast biopsies in the past. The right breast was biopsied when the patient was age 12 and the left breast was biopsied 25 years ago at the Faulkner Hospital with a finding of carcinoma. At that time she had removal of a mass complicated by hemorrhage requiring transfusions. She subsequently healed and did not require radiation or chemotherapy by her own history. I have no records from the Faulkner to support this. Approximately six months ago, in March 2002, Ms. Derosa stated that she was assaulted while up in Maine and suffered numerous blows to the left breast resulting in a large hematoma with extensive ecchymoses and swelling to the left arm. The left arm subsequently has remained swollen up at the level of the proximal humerus. The black and blue has for the most part resolved, however she developed a mass secondary to the assault in the breast which has not resolved. She was seen at a hospital in Maine but was not admitted and was subsequently seen at the Norwood Hospital for this mass. Five ultrasound-guided core biopsies were performed according to the patient after the assault, however the pathology slip is marked February of 2002 and this showed atypical hyperplasia but no cancer. She now has pain in the left breast which will wake her at night as well as the left shoulder swelling.

ALLERGIES: She has numerous drug allergies with the noted response as loss of vital signs when she takes Penicillin, cephalosporins, erythromycin in particular.

She has a number of orthopedic issues for which she has seen someone in her local area.

PHYSICAL EXAMINATION: On physical examination the patient is a pleasant, talkative woman accompanied by her friend. She is mildly obese. Her chest is clear. The heart is without rub, murmur or gallop. There is fine lymphadenopathy in both supraclavicular fossa but none under the arms. The right breast has a circum-areolar scar without masses, retraction, or skin change. There is no nipple discharge. The left breast reveals that there is vascular engorgement in the venous plexus. There is no evidence of peau d'orange however there is mild erythema about a 6 x 6 cm subareolar mass. There is an area where there appears to be neoplastic growth into the skin just to the lateral aspect of the nipple. There is no nipple discharge. There is fixation of the skin and mild retraction at this point. I could not appreciate axillary lymphadenopathy on the left. There seems to be very mild

LC# : 000001089114

===== CHART NOTE =====

PRINTED ON : 10/18/02 1220

BY : MR006SMK SK8B

edema to the left proximal arm.

IMPRESSION: My impression is that the patient probably has recurrent carcinoma of the left breast. I have discussed with her that we need to perform an excisional biopsy of this lump to guarantee that we have adequate histology. It is possible but not likely that she has organized hematoma from her assault suffered in March 2002. The operative procedure, the risks and benefits, and potential post-operative need for follow-up have all been discussed. She appears to understand and wishes to proceed.

J. Lawrence Munson, M.D.

N#

D: 09/23/02, R: , T: 09/25/02

JLM:nsmt:mjg

===== END OF DOCUMENT =====

To

Sept 4 2002

P Z Massmont Inc. Claim NO MAS0021132  
 Keith Daleb  
 Bus Operated by Ken Van Leer

On March 30-002 I had been in Shaws with Mrs DeRosa. The Mt. Hope bus pulled in front of Shaws window. Mrs. DeRosa asked the bus driver to move the bus so she could use the wheelchair lift. The driver would not move the bus.

Mrs. DeRosa had difficulty trying to get on the lift so the driver went to push her on the lift. The driver was in a rage screaming at her to hurry up. Mrs. DeRosa asked the bus driver to let me help her he said no he would not. The bus driver said no he was going to do it his way there were no passengers on his bus they had all got off at Shaws. The bus driver was in a rage he went to hit Mrs. DeRosa left arm and then her left breast & screamed at her to let go of her but he would not be just kept

hitting her left arm and left hand. Mrs. DeRosa  
 was hysterical she demanded  
 that the driver let her off the lift  
 the driver went smashing the  
 wheelchair into the wall and then  
 went pushing her into the lift  
 because he could not get her off. The  
 lift was only inches away from the  
 wall of stairs. Mrs. DeRosa told  
 the driver to let her go the driver  
 was still in a rage. I took Mrs.  
 DeRosa to the pay phone at Shaw  
 Mrs. DeRosa called Bangor Bus  
 and talked to the supervisor  
 Joseph McNeil and he sent her a  
 bus to take her to St Joseph Hospital  
 the Emergency. Joseph McNeil  
 came with his car and met us on  
 the bus that he sent for us he asked  
 Mrs. DeRosa do you want me to  
 call the police she said no she  
 wanted to go to the hospital she said  
 she was in a lot of pain. The hospital  
 saw that the bus driver left us  
 off there. Mrs. DeRosa was in  
 sever pain in her left arm and her left

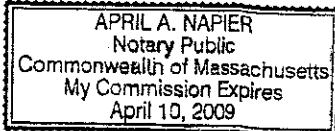
breast her left breast was  
severely swollen the doctor gave  
Mrs DeRosa medicare and  
referred her to a specialist.

Frances DeRosa  
PO Box 684  
Westwood, Mass 02090

Frances DeRosa

Frances DeRosa appeared before me  
this 5<sup>th</sup> day of September, 2002.

  
April A. Napier



Sept 4 - 2002

PZ Massamount Inc Claim NO. MASQ027132

Att Keith Daleb

Bus Operated by Ken VanZeeb

March 30 - 2002 I had been in Shaws. Mt Hope bus pulled in front of Shaws window. I asked the driver to move the bus so I could use the wheelchair lift, he would not move the bus. I had difficulty trying to get on the lift, so the driver went to push me on to the lift, the driver was screaming at me to hurry.

I asked the driver to let the lady on the bus to help me, as that is what she always does, the driver said no, he would do it his way. He grabbed me by the ~~left~~ arm and began to punch me in the arm and in the left breast. I went hysterical. I demanded to get off the lift. The driver went smashing the wheelchair in the wall and smacking it into the lift. As he could not get the wheelchair off the lift that easy it was on top of the wall I demanded the driver to let me go over

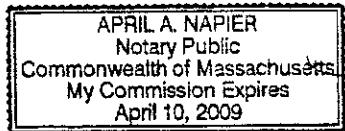
2

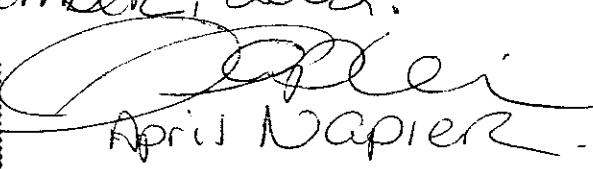
The driver went into a rage he was that way from the beginning, for a rage I called the Bangor Buses and talked to the supervisor Joseph McNeil and he sent a bus to take me to St Joseph Hospital, Emergency. The Hospital saw the bus driver let me off, I was in severe pain and bleeding internally in the <sup>left</sup> breast, was severely swollen in the breast. The doctor referred me to a specialist and gave me medicine to take. I was assaulted over and over that day by Ken Van Leer. Joseph McNeil came with this car with the bus driver ahead of him driving the bus. Joseph McNeil asked me if I wanted him to call Police I said no I wanted to go to hospital I was in a lot of pain. Rosalie DeRosa

P.O. Box 684  
Westwood Mass  
02090

Frances De Rosa

Frances De Rosa appeared before me this 5<sup>th</sup> day of September, 2002.



  
April A. Napiers

Sept 4 - 2002  
PZ Massachusetts Inc Claim NO 04AS0021132  
att Keith Daleb 09/19/02  
Bus Operated by Ken Van Leeu

March 30 - 2002 I had been in Shaws. M/T Hope bus pulled in front of Shaws windows. I asked the driver to move the bus so I could use the Wheelchair lift, he would not move the bus. I had difficulty trying to get on the lift, so the driver went to push me on to the lift, the driver was screaming at me to hurry. I asked the driver to let the lady on the bus to help me, as that is what she always does, the driver said no, he would do it his way. He grabbed me by the <sup>left</sup> arm and began to push me to the left and into the lift. I went hysterical, I demanded to get off the lift. The driver went smashing the wheelchair on the wall and smacking it into the lift, as he could not get the wheelchair off the lift that easy it was on top of the wall. I demanded the driver to let me go.

over

2

The driver went into a rage he was that way from the beginning for a rage I called the Bangor Buses and talked to the supervisor Joseph McNeil and he sent a bus to take me to St Joseph Hospital, Emergency. The Hospital saw the bus driver left me off I was in severe pain and bleeding internally (in the breast) was severely swollen in the breast. The doctor I went to a specialist and gave me medicine to take. I was assaulted over and over that day by Ken Van Leer. Joseph McNeil came with this car with the bus driver ahead of him driving. The bus Joseph McNeil asked me if I wanted him to call Police I said not wanted to go to hospital I was in a lot of pain. Rosalie DeRosa

P.O. Box 684  
Westwood Mass  
02090

PO Box 1170  
Greenfield, MA 01302

(800-444-3916) • 413-774-2067  
FAX (413-772-8503 • claims)

**MASSAMONT INSURANCE AGENCY, INC.**  
**METROGARD & DIPLOMAX PROGRAMS**

To: Miss DeRosa Fax: 781-890-1901

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From: Cristy L. White Date: 09-04-02

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Re: Statements Pages: 1 pages including cover

We received your fax. However, they are illegible. Could you please send a hard copy to Massamont Insurance; P.O Box 1170; Greenfield, MA 01302.



**HP OfficeJet  
Personal Printer/Fax/Copier**

**Fax Log Report**

Sep-04-02 03:34 PM

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<u>Identification</u>	<u>Result</u>	<u>Pages</u>	<u>Type</u>	<u>Date</u>	<u>Time</u>	<u>Duration</u>	<u>Diagnostic</u>
914137728503	OK	04	Sent	Sep-04	03:32P	00:02:01	002586030022

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1.3.0 2.8

Nov 9-2002

2002-12 P 1201

Officer Clifford Worcester

this is my Fax number  
781 321-1690 to Fax saying you  
recived my statements

Thank You  
Mrs DeRosa

at Officer Green

**FAX**

**Date: 08-29-02**

**To: Rosalie DeRosa**

**Fax: 781-890-1901**

**From:** Debbie Mumblo  
Massamont Insurance Agency  
800-444-3916 X671  
**Email:** dmumblo@kscins.com

**RE: Fax Received**

**Claim #: MAS-0021132**

**DOL: 03-30-02**

**Insured: City of Bangor**

**Remarks:**

Mrs. DeRosa,

This is to let you know that we received your fax of 15 pages, which included medical records and two notes to Keith Daleb. I have forwarded your request for a copy of Mr. McNeal's statement to Keith Daleb for follow up.

Thanks,

Debbie M.

**Number of pages including this cover page: 1**

**If you do not receive all pages, please call 800-444-3916, X 671 for retransmission.**

**HP OfficeJet  
Personal Printer/Fax/Copier**

**Fax Log Report**

Aug-29-02 02:59 PM

<u>Identification</u>	<u>Result</u>	<u>Pages</u>	<u>Type</u>	<u>Date</u>	<u>Time</u>	<u>Duration</u>	<u>Diagnostic</u>
914137728503	OK	15	Sent	Aug-29	02:50P	00:09:51	002586030022

1.3.0 2.8



8-28-2002

PZ Massmont Inc  
Keith Daleb.

This is to notify PZ Massmont Inc  
that Bangor Bus drivers would  
not pick me up, so I had to leave  
Bangor Maine. I could not keep  
Medical apts

Rosalie DeRosa

File NO MAS0021132

8-28-2002

P Z Massamont Inc  
Keith Daleb

I am sending you a copy of  
ST Joseph Hospital, Medical  
Emergency Dept. Admission Date 3/30/2002  
and Bills & And Maine Medical  
Emergency Dept a copy of the Medical  
Admission Date 4/11/2002, and bills

Rosalie DeRosa

File NO MHS 0021132

PS Please send copy of report from Joseph McNeil  
supervisor of Bus

Sept. 4. 2002

P Z Massamont Inc. Claim #0MAS0021132  
Keith Daleb  
Bus Operated by Ken VanLeers

04/19/02 P

To

On March 30-002 I had been in  
Shaws with Mrs DeRosa. The Mt.  
Hope bus pulled in front of Shaws window.  
Mrs. DeRosa asked the bus driver  
to move the bus so she could  
use the wheelchair lift. the driver  
would not move the bus.

Mrs. DeRosa had difficulty trying  
to get on the lift so the driver  
went to push her on the lift. the  
driver was in a rage screaming  
at her to hurry up. Mrs DeRosa asked  
the bus driver to let me help  
her he said no he would not the  
bus driver said no he was going to do  
it his way there were no passengers  
on his bus they had all gotten off at  
Shaws. the bus driver was in a  
rage he went to hit Mrs. DeRosa  
left arm and then her left breast  
I screamed at her to let go of  
her but he would not he just kept

hitting her left arm and left breast. Mrs. DeRosa  
 was hysterical. She demanded  
 that the driver let her off the lift.  
 the driver went smashing the  
 wheelchair into the wall and then  
 went pushing her into the lift  
 because he could not get her off the  
 lift was only inches away from the  
 wall of shadows. Mrs. DeRosa told  
 the driver to let her go the driver  
 was still in a rage. I took Mrs.  
 DeRosa to the payphone at Shaw  
 Mrs. DeRosa called Bangor Bus  
 and talked to the supervisor  
 Joseph Mc Neil and he sent her a  
 bus to take her to St Joseph Hospital  
 the Emergency. Joseph Mc Neil  
 came with his car and met us on  
 the bus that he sent for us he asked  
 Mrs. DeRosa do you want me to  
 call the police she said no. She  
 wanted to go to the hospital she said  
 she was in a lot of pain. The hospital  
 saw that the buss driver left us  
 off there. Mrs. DeRosa was in  
 sever pain in her left arm and her left

breast her left breast was  
severely swollen the doctor gave  
Mrs DeRosa medicine and  
referred her to a specialist.

Frances DeRosa  
P O Box 684  
Westwood, Mass 02090

8-28-2002

PZ Massmont Inc  
Keith Daleb.

This is to notify PZ Massmont Inc  
that Bangor Bus drivers would  
not pick me up, so I had to leave  
Bangor Maine. I could not keep Medecol  
apts

Rosalie De Rosa

File NO MAS0021132

**HP OfficeJet**  
**Personal Printer/Fax/Copier**

**Fax Log Report**

Sep-04-02 03:36 PM

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<u>Identification</u>	<u>Result</u>	<u>Pages</u>	<u>Type</u>	<u>Date</u>	<u>Time</u>	<u>Duration</u>	<u>Diagnostic</u>
914137728503	OK	01	Sent	Sep-04	03:35P	00:00:32	002586030022

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1.3.0 2.8

3-14-2003

Reactive Clifford Worcester  
 I have put inside this envelope  
 my medical reports from St  
 Joseph Hospital Bangor Maine  
 and Maine Medical reports  
 Also Lakey Clinic Burlington  
 Mass These are all related to  
 the physical assault from  
 the City Bus Driver Ken  
 VanFeldt Also inside is  
 a ~~copy~~ letter I sent Mr. Daleb  
 & Mr. Dawson. Maine Medical  
 in Portland. Also Sent letters  
 to P Z Management Inc. Compt  
 also Hospital Bills Will be  
 sending Bill from Lakey Clinic.  
 Also Enclosed bill related  
 to this Assault. I need to  
 hear from you as to if you will investigate  
 Please write to me and let me know.  
 Please send me a copy of the report  
 I filed Bus report

Joseline De Rosa  
 P.O. Box 684 Westwood MA  
 02090

The Commonwealth of Massachusetts  
 (County) Date 3/14/03  
 I, then personally appeared the above-named  
 and acknowledged the foregoing instrument  
 to be his/her free act and deed, before me:  
 DANICK DUPONT, Notary Public  
 My Commission Expires Aug. 15, 2008

PZ Massavont Claim # MA50021132  
Keith Daleb

Sept 5 2002

I am sending you a three  
page statement concerning  
what happened to Mrs. De Rosa  
on March 30 2002 with the  
City of Bangor Busdriver =  
Ken Van Leer

Frances DeRosa  
P O Box 684  
Westwood, Ma. 02090

NOV 9 2002  
FBI - BOSTON

Officer Clifford Worcester

this is my Fax number  
981 321-1090 to Fax saying you  
recived my statements

Thank You  
Mrs DeRosa

att Officer Green

8-28-2002

P Z Massamont Inc  
Keith Daleb

I am sending you a copy of  
St Joseph Hospital, Medical  
Emergency Dept. Admission Date 3/30/02  
& Bills & And Maine Medical  
Emergency Dept a copy of the Medical  
Admission Date 4/11/2002, and bills

Rosalie DeRosa

File NO MHS 0021132

PS Please send copy of report from Joseph McNair  
supervisor of Bus

Sept 5-2002

Massamount claim No MA 50021132

Mr. Dave Dawson

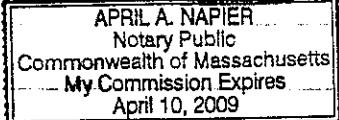
I am sending you copies  
of what I have sent to Keith DeLeb  
I need to speak to you as I  
am having trouble with him.

Frances DeRosa  
Rosalie DeRosa  
PO Box 684  
Westwood Ma 02090

Frances DeRosa

Francis DeRosa, appeared before  
me this 5<sup>th</sup> day of September, 2002.

DeRosa  
April Napier



Sept 5 - 2002  
PZ Massmont Iain No MAS0021132

Keith Daleb

Mrs. Rosalie DeRosa and myself  
fax you on Sept 4-002, 5 pages  
of statement. My statement  
has 3 pages Mrs. DeRosa 2 pages  
concerning what happened on  
March 30-2002 with the City of  
Bangor Bus Driver Ken Van Leer.  
I am sending to you the same  
copies that was fax to you  
on Sept 4-002. On 8-29-002  
when Mrs. DeRosa fax you  
Keith Daleb 13 pages of medical  
reports and 2 letters you  
did not state that the  
Doctors writing was illegible  
and you did not state that  
the two letter Mrs. DeRosa  
sent you were illegible.  
these letter were regarding how  
she was sending you St Joseph Hospital  
reports and Bill and Main Medical  
Hospital reports and bills.

FIFTH Page

Mrs. De Rosa wants copies of all that is in her file including but not excluding all that is in Mrs. De Rosa file with exception to what she has given you.

Mrs. De Rosa wants disclosed your insurance policies and the full amount and coverage.

When Mrs. De Rosa called you Keith Dalebon 8-29-00 2 and asked for you to fax her Joseph Mc Neil report the supervisor for Bangor City Bus you stated you could not give it to her so you would not fax the report instead instead you said you needed a written statement from Charlie Mitchel who is the risk manager for the City of Bangor.

Mrs. De Rosa then said she would call Charlie Mitchel and tell him what you had stated to her. When Mrs. De Rosa called Charlie Mitchel his reply to what you said was that he did not have to give you written permission to give

Mrs De Rosa Joseph Mc Neil report, which was concerning Ken Van Leer who pick Mrs De Rosa up. Charlie Mitchell said you could just give it.

When Mrs De Rosa phone you back at 1800 444-3916 Ext 650 and told you Charlie Mitchell said you could just give it you wanted to quickly hang upon her and you did after She had said you were not telling the truth to her.

As you are not telling the truth concerning the 2 statements sent out to you by fax on Sept 4 2002 when you fax back Mrs De Rosa and Frances De Rosa you said these statement. are illegible.

These matter are of public Record. Ed Wykowfka phone number I received from Charlie Mitchell I called him and told him what happened and the sever pain I am in

Ed Wykowfka told Mrs De Rosa to get a lawyer and

I will do a deposition.  
Then Mrs. De Rosa got  
your number from Charlie  
Mitchell. Because for  
months she kept calling Ed  
Wykouff and leaving him  
2 phone numbers that he  
could call me at and also  
my P.O. Box.

Mrs. De Rosa has a lump in  
her left breast and needs  
surgery.

Frances De Rosa  
Rosalie De Rosa

Frances De Rosa

Frances De Rosa, appeared before me  
this 5<sup>th</sup> day of September, 2002.



April Napier

APRIL A. NAPIER  
Notary Public  
Commonwealth of Massachusetts  
My Commission Expires  
April 10, 2009

4



**Federal Occupational Health**  
a component of the US Public Health Service  
Department of Health and Human Services



DFOH/Occupational Health  
United States Courthouse  
Rm.3410  
1 Courthouse Way  
Boston, Mass. 02210

April 19,2004

In addition to services already provided by your agency, the following services are now offered to you at your FOH Health Unit.

( See attached " FOH Personal Agreement " form with those blood tests being offered.)

You need only to call in advance to schedule an appointment. Checks for services rendered are to be made out to the Department of Veterans Affairs Medical Center.

A personal check, cashiers check or money order is acceptable.

Thank You.

Nancy Mucciaccio,R.N.

*Nancy Mucciaccio, R.N.*

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**healthy bodies  
sound minds  
a safe place to work**

---

### FOH Personal Agreement

In accordance with, and under the authority of Section 301 of P.L. 104-262 and Section 8153 of Title 38, the VA North Texas Health Care System (VANTHCS) agrees to provide \_\_\_\_\_ (insert your name) (hereinafter referred to as the buyer) with the following: The test(s) indicated below.

**BUYER TO PROVIDE:** Buyer to provide the specimen, and payment in accordance with the schedule set forth below.

**PRICING:** Employees of FOH may select any of the below listed tests:

a. Blood Type: ABO RH	\$3
b. Prostate Specific Antigen	\$15
c. Lipid Panel: Total Cholesterol, HDL Cholesterol, Triglycerides	\$3.50
d. Comprehensive Metabolic:	\$3
Chemistry Panel: Glucose, Urea Nitrogen (BUN), Creatinine, BUN Creatinine ratio, Sodium, Potassium, Chloride, Carbon dioxide, Calcium, Total Protein, Albumin, Globulin, Albumin Globulin ratio, Total Bilirubin, Alkaline Phosphatase, Aspartate Aminotransferase (AST)	

FOH is not liable for any claims under this agreement. The buyer is an independent party, and the VANTHCS is independent.

**TERM OF AGREEMENT:** The initial term of this agreement shall be from date of execution until the specimen result is reported.

**LIABILITY:** VA, as a department of the Federal Government, is a self-insurer. VA employees performing work under a sharing contract pursuant to 38 U.S.C. 8152 are covered by the Federal Tort Claims Act, and therefore not required to carry malpractice insurance.

**INDEPENDENT CONTRACTORS:** For the purpose of this agreement and all services to be provided hereunder, the parties shall be, and shall be deemed to be independent contractors and not agents or employees of the other party. Neither party shall have authority to make any statements, representations or commitments of any kind, or to take any action which shall be binding on the other party, except as may be expressly provided for herein or authorized in writing.

**NOTICES:** Any notices required by this agreement shall be in writing and shall be deemed to have been duly given (i) upon delivery if delivered by hand; (ii) three days subsequent to mailing if mailed by certified or registered mail; postage prepaid; or (iii) when transmitted if sent by telecopier or electronic mail, provided that a written acknowledgment of receipt is transmitted back to the sender by the recipient, addresses as indicated in this agreement.

**GOVERNING LAW:** This contract shall be governed, construed, and enforced in accordance with Federal Law.

**CONTRACT DISPUTES:** All disputes arising under or relating to this contract shall be resolved in accordance with this clause.

As used herein, "claim" means a written demand or assertion by one of the parties seeking, as a legal right, the payment of money, adjustment or interpretation of contract terms, or other relief, arising or relating to this contract.

Any controversy or claim arising out of or relating to this contract on behalf of the buyer shall be presented initially to the contract administrator for consideration. The Contracting Officer shall furnish a written reply on the claim to the buyer.

In the event the parties cannot amicably resolve the matter, any controversy or claim arising out of or relating to this contract, or breach thereof, shall be settled by arbitration at the VA Board of Contract Appeals in accordance with procedures set forth in the Alternative Means of Dispute Resolution, VA Directive 7433, and the Administrative Dispute Resolution Act of 1996, and judgment upon any award rendered by the Arbitrators) may be entered into any Court having jurisdiction thereof.

Any claim by the buyer must be presented no later than 30 calendar days after termination, or final expiration of the contract, whichever occurs earlier, otherwise buyer forfeits its right(s) to relief.

**MARKETING:** The buyer shall not advertise or use any marketing material, logs, trade names, service marks, or other material belonging to the VA without the VA's consent.

**ORDERING INSTRUCTIONS:** Please select the desired test(s) below and make payment for the total amount using a personal check, cashiers check, or money order.

a. Blood type: ABO RH	\$3.00
b. Prostate Specific Antigen	\$15.00
c. Lipid Panel	\$3.50
d. Comprehensive Metabolic	\$3.00

TOTAL \$ \_\_\_\_\_

ACCEPTED FOR VA



Barbara Giddens  
Contracting Officer

ACCEPTED FOR THE BUYER

Date \_\_\_\_\_

Date \_\_\_\_\_